



DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL PYRIDONES USEFUL
FOR SELECTIVE INHIBITION OF THE COAGULATION CASCADE**

The specification of which, with any Preliminary Amendment,
(check one)

☐ is attached hereto

☒ was filed on 20 NOV 00 as Application Serial No.09/716,962
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

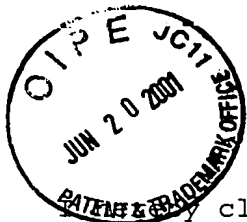
I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)
Claimed

Priority

_____ (Number)	_____ (Country)	_____ (Day/month/year filed)	[] Yes	[] No
_____ (Number)	_____ (Country)	_____ (Day/month/year filed)	[] Yes	[] No
_____ (Number)	_____ (Country)	_____ (Day/month/year filed)	[] Yes	[] No



claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

09/574,740	18 May 2000	Pending
(Application Serial No.)	(Filing date)	(Status)

(Application Serial No.)	(Filing date)	(Status)
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POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; DAVID M. GRYTE, Registration No. 41,809; J. TIMOTHY KEANE, Registration No. 27,808; RICHARD A. MUELLER, Registration No. 41,094; ALAN L. SCRIVNER, Registration No. 43,104; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to J. Timothy Keane at 314-694-9090 and address all correspondence to:

Pharmacia Corporation
Corporate Patent Law Department
P.O. Box 5110
Chicago, Illinois 60680-9889

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.



1) _____ 1

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
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08 01/25/2001

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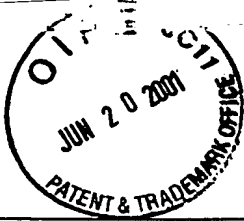
4) _____ 4

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SIGNATURE OF INVENTOR 4	DATE



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SIGNATURE OF INVENTOR 3		DATE 1/25/01		

4) _____ 4

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SIGNATURE OF INVENTOR 4		DATE 2-1-07		

Subscribed and sworn to before me, in my
presence, this 1st day of February
2001, a Notary Public in and for the
(county) (state) of (HINDS) (MISSISSIPPI)
Maria Luis Alvarez
(Signature)
Notary Public

My Commission Expires Sept. 17, 2004